



# Messenger

## Creating a True Medical Village

Jeff Aalberg, M.D., Senior Medical Director

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In the last MMC PHO Messenger I spoke of my excitement in coming to work for the PHO and shared some of my goals as Senior Medical Director. Since then, I've learned quite a bit about our organization and met many of the members of CPM (Community Physicians of Maine: the 'P' in PHO). As I travel to practices, large and small, with private or employed docs, I'm uniformly impressed by the quality of care delivered. I've learned to think of 'the organization' in the broadest terms, having a scope much larger than my practice, or the sum of all MMC practices or even the entire MaineHealth system. Now that I'm fully immersed in my job, my thoughts wander to questioning what CPM, an organization of docs, really is about. Dictionaries list several definitions of an organization:

- (1) an administrative and functional structure, or
- (2) a group of people who work together.

Definition one certainly describes CPM (PHO) but we can only partially fit definition two. Many of our members may not physically work together but the PHO integrates their practices through many invisible linkages:

- A common purpose (maintaining the highest standards of health care delivery),
- A focus on quality, value and patient centeredness (the right care, at the right time, in the right place),
- Improvement in important clinical domains (evidence-based chronic disease management, prevention and mental health),
- Support for local practices (microsystem education, practice redesign, Patient Centered Medical Home pilots),
- Nurse care management (practice based trained RNs),
- Innovation in system infrastructure elements (transitions of care, specialty quality program),
- Fiscal security (contracting, payor/employer relations, variation analysis, legal concerns),
- The creation and/or support of electronic tools and knowledge platforms (Clinical Improvement Registry, electronic health records),
- Communication and education (Practice Improvement Series Meetings-PRISMs, Regional Improvement Meetings-RIMS), on-site mentoring, newsletters,
- Advocacy at local and state level (Maine Health Management Coalition, MaineCare),
- Alignment of members with local care centers and medical systems.

Perhaps our organization is weighted toward the first definition (administrative and functional structure) and until now, that has worked for the community. As our health care environment changes, we need to be more 'public' and evolve to an organization of 'people who work together'; certainly not in all realms, not even with a common employer, but in a fashion that demonstrates trust, value and a truly integrated approach toward health care. Our PHO members represent an enormous intellectual resource and have openly expressed a shared vision and honest desire for accountability in health care reform. We must now channel our energy towards the common purpose of creating a true medical village.

## QUALITY PROGRAMS UPDATES

### Bridges to Excellence (BTE) Physician Office Link (POL)

Congratulations to the following practices on their strong work in achieving BTE POL recognition:

- James Kirsh, DO
- Heidi Larson, MD
- Martin's Point Health Care, Brunswick
- Martin's Point Health Care, Portland
- Carl Schuler, DO
- Seacoast Medical Care

The following comments are from Dr. Maureen Lee at Seacoast Medical Care on her experience with the recognition process:

"I found the BTE Physician Office Link survey to be worthwhile. The assessment tools that the MMC PHO mailed to help with the appli-

cation process and completion of the survey were invaluable. I was able to speak with someone at the PHO (Kris Scrutchfield) and go through my questions prior to my onsite evaluation.

To allow for ready review and discussion of our practice during the onsite assessment with Jennifer (the assessor from MassPro), I preprinted all Clinical Improvement Registry (CIR) reports, reviewed them, and was ready to discuss and present our data during the on site assessment. Jennifer was friendly and attentive during the assessment. Total time involved was approximately 15-16 hours (90 minutes assessment and the remainder was preparation time)."

By achieving this national recognition by 12/31/09 your practice can earn a **blue ribbon** for the Office System Survey (OSS) portion of the Pathways to Excellence (PTE) program for 3 years. The process is simple; get started today by using the following link to our website where you will find the tools to help you achieve this recognition with ease beginning with the Instruction Letter.

[http://www.mmcpo.org/clinical\\_improvement/external\\_quality\\_programs/bridges\\_to\\_excellence/](http://www.mmcpo.org/clinical_improvement/external_quality_programs/bridges_to_excellence/)

If you have questions, please contact: Tracy Callahan [cal-lat@mmc.org](mailto:cal-lat@mmc.org) or via phone 482-7053 OR Kris Scrutchfield [scrutk@mmc.org](mailto:scrutk@mmc.org) or via phone 482-7057



Beginning this fall, CPM and the MMC PHO will communicate via email. Whenever possible, announcements, notices and reports will be sent electronically.

For those who have not received an email from us since April, 2009, please register your email by going to our website: [www.mmcpo.org](http://www.mmcpo.org).

Click on the blue tab 'contact' located in the upper right hand corner of the website, complete the required information and press submit. All information will be updated and your email address will be added to the electronic distribution list.

### National Quality Programs

Many physicians have worked hard to achieve recognition in national quality programs. We are proud to note the number of recognized physicians in CPM!

- NCQA Diabetes Physician Recognition Program - 71 physicians
- NCQA Heart/Stroke Recognition Program - 58 physicians
- BTE Physician Office Link Recognition - 6 practices

For a listing of the physicians for each of these programs, please visit our website: [http://mmcpo.org/clinical\\_improvement/practices\\_and\\_providers\\_of\\_distinction/](http://mmcpo.org/clinical_improvement/practices_and_providers_of_distinction/)

### MaineHealth AEMR (Epic) Schedule

The following thirteen MMC PHO practices are "live" with the MaineHealth AEMR (EPIC):

- LCMG Family Medicine, Damariscotta
- LCMG Family Medicine, Wiscasset
- LCMG Family Medicine, Waldoboro
- LCMG Internal Medicine, Damariscotta
- LCMG Pediatrics, Boothbay
- LCMG Pediatrics, Waldoboro
- LCMG Pediatrics, Damariscotta
- MMP Gorham Family Medicine, Gorham
- MMP Lake Region Primary Care, Windham
- MMP Scarborough Family Medicine, Scarborough
- MMP Westbrook Pediatrics, Westbrook
- Oxford Hills Internal Medicine, Norway
- Western Maine Family Practice, Norway

For more information, please go to: <http://mhaemr.mainehealth.org/default.aspx>



## COMMUNITY PHYSICIANS OF MAINE (CPM) UPDATES

### 2009 CPM Board of Directors

**President:**  
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Robert Sturges, MD  
Skip Wilkis, MD

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Louis Hanson, DO

### Patient Centered Medical Home Pilot Project Begins

Twenty-two adult primary care practices and four pediatric practices from Maine have been selected to participate in the project, chosen from among fifty applicants. For a list of participating practices, or for more information, see "Resource Library" and "New" sections of the Quality Counts website at [www.mainequalitycounts.org](http://www.mainequalitycounts.org)

Congratulations to the following CPM practices selected to participate in this innovative program:

- MMP Westbrook Internal Medicine, Westbrook
- MMP Westbrook Pediatrics, Westbrook
- Lifespan Family Healthcare, Newcastle
- MMC Family Medicine, Portland

### Care Coordination Project 2009

A. Jan Berlin, M. D., Associate Medical Director

"It is widely acknowledged that the lack of care coordination within the U. S. health care system perpetuates fragmentation of care, cost inefficiency and poor health outcomes." A care coordination program, approved by the Community Physicians of Maine (CPM) and led by the PHO staff will strive to improve patient care by creating an effective structure to facilitate communication between primary care providers and specialists. Specifically, the objectives of this program include improving the referral of patients between primary care providers and specialists; improving communication between primary care providers and specialists and enhancing the development and communication of evidence based guidelines between

primary care providers and specialists.

Three CPM teams of primary care physicians and specialists in the fields of Cardiology, Dermatology and Urology have begun work on standardizing an agreement of principles entitled the Master Service Agreement.

The second piece of the puzzle involves creating a standard referral form with consistent language and format that can serve both paper and electronic referrals. The standard referral form would serve to improve the process of referring patients and developing information that both sets of physicians would utilize to be sure that the patient is appropriately managed both before and after the consultation.

It is then the goal of the project to have our physicians identify three to five conditions that would benefit from specific guidelines that would facilitate appropriate consultation. Guidelines would be developed from national societies with regional input.

Once these three pieces are in place, it is intended that the three physician teams would pilot the project, evaluate how the various components work and make changes based on the outcome of the pilot. The intent would then be to spread these components throughout the CPM environment for more consistency in patient care and management. This is a work in process, so stay tuned!

### DID YOU KNOW...

CPM is comprised of:

- 844 members
- 259 primary care physicians
- 585 specialists

CPM is the "P" in  
PHO

### Plastic and Hand Surgical Associates Maximizes Office Efficiency

Beginning in October, 2008, Plastic and Hand Surgical Associates began working with the MMC PHO and Institute for Healthcare Improvement to maximize patient access and office efficiency within their practice. Improvements made over the past eight months

include implementing daily huddles to improve communication and the flow of patients, decreasing patient cycle times and implementation of an effective pain medication refill process. They have mastered using Plan-Do-Study-Act (PDSA) cycles to review patient flow and access to

understand where improvements can be made within the practice for better access to care and optimal patient satisfaction. According to Plastic and Hand Surgical Associates, this one tool made it possible for them to implement more than fourteen office improvements.



### Messenger

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## Upcoming Events

### 2009 MMC PHO Board of Directors

**President:**  
Robert Hawkins, MD

- Ronald Bailyn, MD
- Peter Bates, MD
- William Caron, Jr.
- John Heye
- David Howes, MD
- Frank McGinty
- J. Daniel Miller, MD
- Richard W. Petersen
- Tina M. Piraino, DO
- James Powers, MD
- Donald Quigley, Esq.
- Robert Sturges, MD
- Albert Swallow

#### SEPTEMBER

- Sept 17: MaineHealth Practice Improvement Series Meeting (PRISM ), Harraseeket Inn, Freeport, "Adult and Childhood Obesity"
- Sept 22: Office Manager Forum - Portland

#### OCTOBER

- MMC PHO PCP Recognition Program Report Mailing Third Quarter
- October 1: Office Manager Forum - Damariscotta
- October 20: Office Manager Forum - Norway
- October 28: CPM Annual Meeting - Portland

#### NOVEMBER

- November 19: Office Manager Forum - Biddeford

#### DECEMBER

- December 9: Office Manager Forum - Portland



Visit us on the Web at: [www.mmcpho.org](http://www.mmcpho.org)